MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/564341

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1� AMENDMENT		AFTER 2ᵐᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ᵐᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		3						54						
5		4						55						
6		5						56						
7		6						57						
8		7						58						
9		8						59						
10		9						60						
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12								62						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	10							TOTAL DEP.						
TOTAL CLAIMS	11							TOTAL CLAIMS						